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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Moon et al.

Art Unit: 2621

Serial No.: 10/081,417

Docket No.: CHA920010020US1
(IBMC-0034)

Filing Date: 02/22/2002

Confirmation No.: 1023

Title: MICR-BASED OPTICAL CHARACTER
RECOGNITION SYSTEM AND METHOD

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

STATUS INQUIRY

Sir:

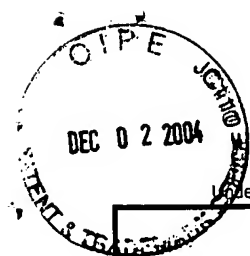
Applicants' representative respectfully requests the status of the above referenced patent application.

Respectfully submitted,

Date: November 29, 2004

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Reg. No.: 40,019

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/081417
	Filing Date	Feb 2, 2002
	First Named Inventor	Moon et al.
	Art Unit	2621
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	CHA920010020US1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Acknowledgment Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael F. Hoffman - Reg. No. 40,019
Signature	
Date	November 29, 2004

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